

Constructive Alternative to Teen Suspension Program

Necessary Documents for Referral to the CATS Program And Process to Follow

1. ONCE DECISION HAS BEEN MADE FOR REFERRAL TO RASS FOR THE CATS PROGRAM
2. Complete **Referral Form**
3. Complete **Consent to Release Information Form**
4. FAX TO RASS-604-270-9245 and **CONFIRM AVAILABILITY** with RASS before notification and confirmation with parents
5. CALL HOME TO STUDENT'S HOUSE TO NOTIFY AND CONFIRM WITH PARENTS.
6. MAIL OR EMAIL PARENT PACKAGE INFORMATION TO PARENTS DETAILING COMMITMENT
7. Give the student directions to location (attached)
8. INFORM STUDENT TO BE AT OUR **ANDERSON ROAD** LOCATION AT 8:30 AM

A counsellor will contact parents to offer an appointment to them.



**Constructive Alternative to Teen Suspension Program (CATS)
Referral Form**

Student Name: LAST NAME, FIRST NAME		Date:
Address:		
Home Tel:	Parent/Guardian's name & contact number:	
Parent/Guardian's email address:		
DOB:	Age:	Grade:
School:	Form Completed by:	
Telephone Number:	Fax Number:	
Reason for Referral:		

Signed:		

To be filled out by RASS Staff:
Follow-Up:

Results:

Thank you! These requests are processed everyday and we will expect this student at 8:30 am on the next available day. You will be notified what day that will be. You will receive a summary of the student's attendance and participation following completion of the program. In case of non-compliance you will hear from us directly.

CONFIDENTIALITY WARNING

The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone. Thank you.

Constructive Alternative to Teen Suspension (CATS) Program

Consent to Release of Information Form

I, _____, understand that my signature indicates that Richmond Addiction Services Society and my school administration and or school counsellor will exchange and share information regarding my suspension and the events and circumstance leading to it. Furthermore, I understand that Richmond Addiction Services will share limited information to my school administration and or school counsellors based on my attendance, participation and requirements for follow-up upon completion of the Constructive Alternative to Teen Suspension program. This release of information is limited to the CATS program specifically. Information shared may be collected and utilized as data for research purposes. All research conducted must ensure that clients are not identified.

Student Signature: _____

School Administrator: _____
(Print Name & Sign Please)

**School Counsellor: _____ **
(Print Name & Sign Please)

Date of Suspension: _____

Date of Scheduled Return to School: _____

** Not essential for referral but recommended**

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Location:

**105-8080 Anderson Road
Richmond, BC
604-270-9220
Richmond Addiction Services
See you at 8:30 am!**

